



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E444479**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-1811	
LOCAL AGENCY CODING	0664	
TOTAL # OF UNITS	05	OBJECT STRUCK <input type="checkbox"/>

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	07	19	2015	1124	31	N	E	IN	0664	0664	0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

FRONTIER CIRCLE EAST BLOCK NO. ☒ 1000

DISTANCE ☐ MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) 10TH ST NE

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4253457108

LAST NAME **SALTS** FIRST NAME **RICHARD** MIDDLE INITIAL **A**

STREET NEW ADDRESS **5205 9TH PL NE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **SALTSRA095JS** STATE **WA** SEX **M** D.O.B. **04** - **10** - **1991**

ON DUTY ☐ STATUS ☐ AIRBAG **6** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **APT3419** STATE **WA** VIN# **1J4GZ58Y4TC373762**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **1996** MAKE **JEEP** MODEL **CHERO** STYLE **4W** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **JASON DALY 7209 30TH ST NE MARYSVILLE WA 98270**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **OMNI 5873000** CITATION # ☐ CHARGE ☐

VEHICLE LEGALLY STANDING YES ☐ NO ☐



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE ☐

LAST NAME **UNKNOWN** FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX **U** D.O.B. ☐ - ☐ - ☐

ON DUTY ☐ STATUS ☐ AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # **AMV0850** STATE **WA** VIN# **KNADC125556402301**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2005** MAKE **KIA** MODEL **RIO** STYLE ☐ VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **CANDELARIA MEDINA 9023 10TH ST NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # **UNK UNK** CITATION # ☐ CHARGE ☐

VEHICLE LEGALLY STANDING YES ☐ NO ☐



OFFICER'S NAME (PRINT) **C. WELLS #131** BADGE OR ID # **131** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E444479**

CASE # **15-1811**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit #1 Salts was traveling northbound on Frontier Circle East approaching the intersection of 10th ST NE when he lost control of his vehicle and he crashed into a parked car (Unit #2 AMV0850) which caused a chain reaction - Unit #2 was struck and shoved into Unit #3 ATL7932 which then struck Unit #4 ARU2539 which then struck Unit #5 AIJ2330.

Units #2, 3, 4 and 5 were all legally parked and unoccupied.

Unit #2 and #3 are registered to Candelaria Medina. Unit #4 is registered to Susana Portillo Nunez. Unit #5 is registered to Alfredo Zepeda-Galarza.

I was unable to contact any of the damaged vehicles owners; as such a business card with the LSPD case number was left on their respective vehicles windshields.

SALTS was able to drive his vehicle away once released.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS #131

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-19-15 04:49 PM

DATED

PLACE SIGNED

APPROVED BY

D. PLANALP 102

DATE

7/21/2015 8:47:10 AM

BADGE OR ID #

131

ORI #

WA0311900

TIME POLICE DISPATCHED

11:24 AM

TIME POLICE ARRIVED

11:35 AM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E444479**

CASE # **15-1811**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE

☒

PEDAL-CYCLE

☐

PEDESTRIAN

☐

PROPERTY OWNER

☐

DAMAGE THRESHOLD MET

YES

☒

NO

☐

PHONE

LAST NAME

UNKNOWN

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

U

D.O.B.

MMDDYYYY

ON DUTY

☐

STATUS

AIRBAG

9

RESTR.

9

EJECT

9

HELMET USE

9

INJURY CLASS

0

NATURE OF INJURIES

LICENSE PLATE #

ATL7932

STATE

WA

VIN#

1HGCG2240YA008031

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2000

MAKE

HOND

MODEL

ACD

STYLE

VEHICLE TOWED

YES

☐

NO

☒

TOWED BY

GOVT. VEHICLE

YES

☐

NO

☒

REGISTERED OWNER INFO. CANDELARIA MEDINA 9023 10TH ST NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT

☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING

YES

☐

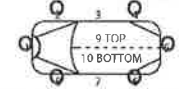
NO

☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

4

MOTOR VEHICLE

☒

PEDAL-CYCLE

☐

PEDESTRIAN

☐

PROPERTY OWNER

☐

DAMAGE THRESHOLD MET

YES

☒

NO

☐

PHONE

LAST NAME

UNKNOWN

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

U

D.O.B.

MMDDYYYY

ON DUTY

☐

STATUS

AIRBAG

9

RESTR.

9

EJECT

9

HELMET USE

9

INJURY CLASS

0

NATURE OF INJURIES

LICENSE PLATE #

ARU2539

STATE

WA

VIN#

1N4DL01DXYC177844

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2000

MAKE

NISS

MODEL

ALTIMA

STYLE

4D

VEHICLE TOWED

YES

☐

NO

☒

TOWED BY

GOVT. VEHICLE

YES

☐

NO

☒

REGISTERED OWNER INFO. SUSANA PORTILLO 1104 BUWALDA LN YAKIMA WA 98901

LIABILITY INSURANCE IN EFFECT

☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING

YES

☐

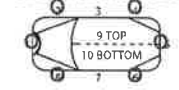
NO

☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.065)

C. WELLS #131

07-19-15 04:49 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

131

ORI #

WA0311900

APPROVED BY

PLANALP

DATE

7/21/2015

PAGE

3

OF

5



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO.

E444479

CASE # 15-1811

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICG #

VEHICLE TYPE

CARGO BODY
TYPE

CARRIER
NAME

CARRIER
ADDRESS

CITY

ST

ZIP

NAME
SOURCE

#

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

5

MOTOR
VEHICLE

☒

PEDAL-
CYCLE

☐

PEDESTRIAN

☐

PROPERTY
OWNER

☐

DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME

UNKNOWN

FIRST NAME

MIDDLE
INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

U

D.O.B.
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

9

RESTR.

9

EJECT

9

HELMET
USE

9

INJURY
CLASS

0

NATURE OF INJURIES

LICENSE
PLATE #

AIJ2330

STATE

WA

VIN#

1FMEU15N4NLA33671

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

1992

MAKE

FORD

MODEL

BRONCO

STYLE

UT

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO. ALFREDO ZEPEDA 323 4TH AVE SE QUINCY WA 98848

LIABILITY INSURANCE
IN EFFECT

☐

INSURANCE CO
& POLICY #

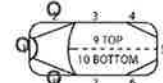
VEHICLE
LEGALLY
STANDING

YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR
VEHICLE

☐

PEDAL-
CYCLE

☐

PEDESTRIAN

☐

PROPERTY
OWNER

☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE
INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT

☐

INSURANCE CO
& POLICY #

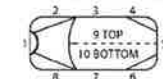
VEHICLE
LEGALLY
STANDING

YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS #131

07-19-15 04:49 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE
OR ID #

131

ORI
#

WA0311900

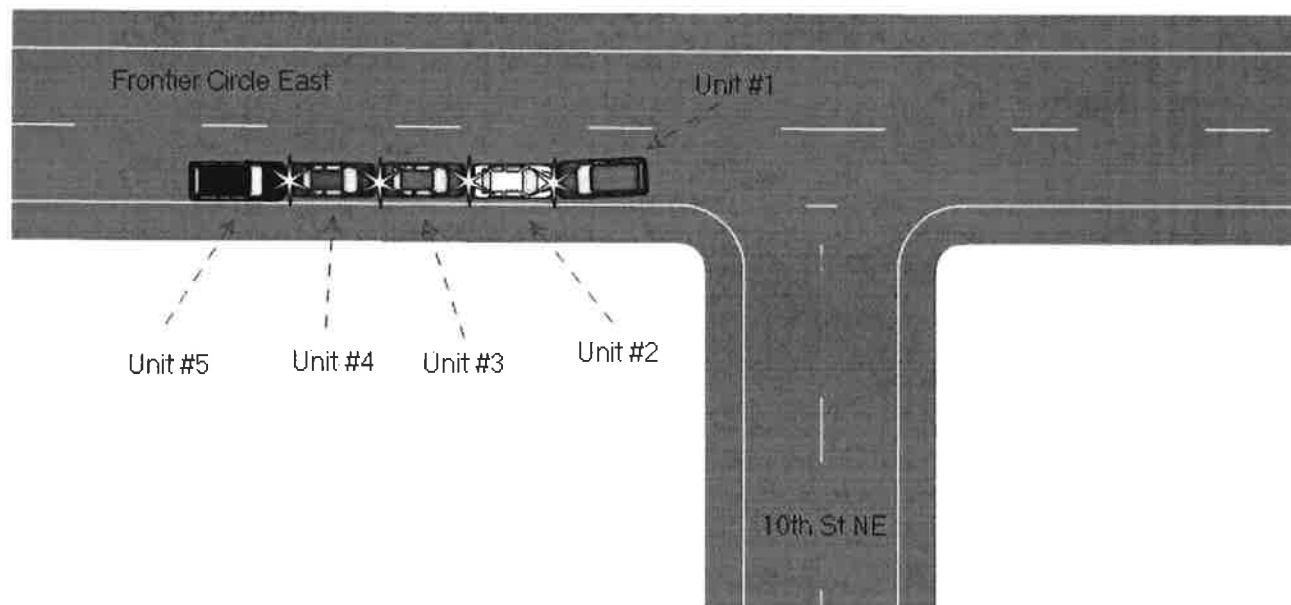
APPROVED BY
PLANALP

DATE
7/21/2015

PAGE 4

OF 5

not to scale



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-1811

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Saults Richard Allen	RACE W	ETH Cauc	SEX M	DOB 04-10-91	AGE 24	HGT	WGT 170	HAIR Blk	EYES Brown
STREET ADDRESS 5805 9th Pl NE Lake Stevens		CITY Lake Stevens			STATE WA	ZIP 98224	RES. STATUS			
HOME PHONE		CELL PHONE 425-345-7108			PLACE OF EMPLOYMENT Landscaping					
WORK PHONE		EMAIL ADDRESS Rgeezyl12@gmail.com								

I, Richard Allen Saults, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving my Jeep Cherokee with a full load and my steering locked up and my Jeep started drifting to the left probably due to bad alignment. I slammed on my brakes and it went to the floor. By the time I realized I couldn't stop I braced for impact and slammed into a parked car on the side of the road on opposite side of road. My air bags deployed and apparently it was a 4 car collision.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>[Signature]</u>	DATE SIGNED July 19, 2015	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: C-12405/131	DATE SIGNED 7/19/15	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1



Omni Insurance Group



Washington Automobile Insurance Identification Card
Issued Pursuant to WASHINGTON Law
Omni Insurance Company
NAIC 39098

POLICY # 5873000 **EFFECTIVE DATE** 03/12/2015 **EXPIRATION DATE** 09/12/2015

YEAR: **MAKE / MODEL:**
Broad Form Named Operator

VEHICLE ID NUMBER

NAMED INSURED RICHARD A SALTS
4815 133RD PL NE
MARYSVILLE, WA 98271

Signature of Authorized Officer

KEEP THIS CARD IN THE VEHICLE AT ALL TIMES.
THIS CARD MUST BE CARRIED IN THE INSURED MOTOR
VEHICLE FOR PRODUCTION UPON DEMAND.

FOLD
HERE

IMPORTANT NOTICE

The insurance policy meets the minimum insurance requirements prescribed by Washington Law.

THIS CARD MUST BE PRODUCED UPON DEMAND.

An Automobile Insurance Identification Card shall be carried in each private passenger motor vehicle at all times. The operator of the insured vehicle shall exhibit the ID Card on the demand of any peace officer.

ALL ACCIDENTS MUST BE REPORTED TO THE
OMNI INSURANCE COMPANY CLAIMS DEPARTMENT OR TO
YOUR LOCAL AGENT IMMEDIATELY.

CALL 800-727-6664 * 365 DAYS A YEAR * 24 HOURS A DAY



Washington Automobile Insurance Identification Card
Issued Pursuant to WASHINGTON Law
Omni Insurance Company
NAIC 39098

POLICY # 5873000 **EFFECTIVE DATE** 03/12/2015 **EXPIRATION DATE** 09/12/2015

YEAR: **MAKE / MODEL:**
Broad Form Named Operator

VEHICLE ID NUMBER

NAMED INSURED RICHARD A SALTS
4815 133RD PL NE
MARYSVILLE, WA 98271

Signature of Authorized Officer

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CALL 800-727-6664 * 365 DAYS A YEAR * 24 HOURS A DAY

LSPD
ORIGINAL

Incident History for: #SS15014352 Xref: #AG15002149

Case Numbers: \$SS15001811

Entered 07/19/15 11:24:36 BY SPCT05 SP0399

Dispatched 07/19/15 11:24:47 BY SPSC40 SP0213

Enroute 07/19/15 11:24:47

Onscene 07/19/15 11:35:09

Closed 07/19/15 12:13:55

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST

Src: T

Loc: 1109 FRONTIER CI E , LKS -- TEAM FITNESS , LKS btwn 91 AV NE & DEAD END (V)

Loc Info: 1/4 BLK SOUTH OF TEAM FITNESS

Name: LACKOR, CLIFF

Addr:

Phone: 2532307790

/1124 (SP0399) ENTRY , AC, NOW, RED SUV, NL, HIT PARKED VEH,
/1124 (SP0213) DISPER 19D2 #SS131 WELLS, OFCR (CHAD)
/1125 (SP0399) SUPP TXT: NON INJ, NON BLKING, RP SAYS NO ONE WAS IN
PARKED WHI PC, NL,
/1126 SUPP TXT: RP THINKS RED SUV IS A JEEP, RP SAYS DRIVER
HAS PARKED ON SIDE OF ROAD, DRIVER: WMA, RED TS
HIRT, RED SHORTS,
/1126 (SP0297) SUPP TXT: THE RED 4X4 JEEP CHEROKEE. THIS RP CASEY PO
STLETHWAIT AT 425.879.7727
/1127 (SP0399) SUPP NAM: LACKOR, CLIFF,
PHO: 2532307790
/1131 (SP0213) MISC 19D2 , PER ANOTHER RP 5 OR 6 CARS
/1131 ASSTER 19D3 [1109 FRONTIER CI E , LKS]
#SS132 KILROY, OFFICER (JOSH)
/1135 (SP0320) ONSCNE 19D2
/1138 CROSS #AG15002149
/1138 (*****) REMINQ 19D2 SALTS. RICHARD. A. 04101991..
/1138 (SP0320) REMINQ 19D2 NAME, 19D2, SALTS, RICHARD, A, 04101991,,
/1139 (*****) REMINQ 19D2 APT3419
/1139 (SP0320) REMINQ 19D2 LIC, 19D2, APT3419,,
/1139 ONSCNE 19D3
/1142 (SS131) REMINQ 19D2 MDTVEH, ATL7932,, WA, , , , , , , , , , ,
/1142 REMINQ 19D2 MDTWANT, , , , , , WA, MEDINCP233CB, , , , , , , , , , ,
/1146 (SP0320) REMINQ 19D2 VEH, 19D2, , , , , , 1N4DL01DXYC177844, , , , , , , , , , ,
/1146 (*****) REMINQ 19D2 ARU2539
/1146 (SP0320) REMINQ 19D2 LIC, 19D2, ARU2539,,
/1147 (SS131) REMINQ 19D2 MDTVEH, AMV0850,, WA, , , , , , , , , , ,
/1148 REMINQ 19D2 MDTVEH, AIJ2330,, WA, , , , , , , , , , ,
/1148 REMINQ 19D2 MDTWANT, , , , , , WA, ZEPEDA142CZ, , , , , , , , , , ,
/1149 (SP0320) ASNCAS 19D2 \$SS15001811
/1149 MISC 19D2 , C4, NO CHECKS
/1156 (SS131) REMINQ 19D2 MDTWANT, HOLT, KURT, D, 122090,, WA, , , , , , , , , , ,
/1156 REMINQ 19D2 MDTWANT, CASTILLO, SHARON, E, 072394,, WA, , , , , , , , , , ,
/1211 *MISC 19D2 , , , ,
, UNABLE TO CONTACT THE PARKED VEHICLE OWNERS. BU
SINESS CARDS LEFT ON WINDSHIELDS
/1213 (SP0320) CLEAR 19D2 D/H
/1213 CLEAR 19D3 D/H
/1213 CLOSE 19D3

LSPD
ORIGINAL

LAKE STEVENS POLICE DEPARTMENT

FOLLOW-UP / ROUTING SHEET

CASE NUMBER

15-1811

MUST HAVE CITATION NUMBER OR SUSPECT INFO IF FORWARDING TO PROSECUTOR, COURT OR INVESTIGATIONS.		DATE
CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB

OFFICER / DETECTIVE REQUEST

<input checked="" type="checkbox"/> ADD DOCUMENTS TO ORIGINAL FILE	<input checked="" type="checkbox"/> NO FURTHER ACTION REQUIRED	
<input type="checkbox"/> ADDITIONAL STOLEN OR RECOVERED PROPERTY SHEETS ATTACHED FOR DATA ENTRY		
<input type="checkbox"/> FORWARD FOLLOW-UP (COURT HAS OPEN FILE ON CASE)	<input type="checkbox"/> FORWARD COMPLETED COPY OF CASE	
<input type="checkbox"/> MARYSVILLE COURT	<input type="checkbox"/> SNO CO FELONY DIVISION	<input type="checkbox"/> WACIC / NCIC ENTRY FOR RECORDS
<input type="checkbox"/> CITY PROSECUTOR	<input type="checkbox"/> JUVENILE COURT	<input type="checkbox"/> WASH STATE LIQUOR CONTROL
<input type="checkbox"/> REVIEW FOR CHARGES	<input type="checkbox"/> CPS/DSHS <input type="checkbox"/> EVERETT <input type="checkbox"/> SKY VALLEY	<input type="checkbox"/> OTHER:
DATE SENT: 7/22/15	BY: [Signature]	

<input type="checkbox"/> FORWARD ORIGINAL FILE WITH THE FOLLOW-UP TO COURT	
<input type="checkbox"/> CITATION JUVENILE REFERRAL ATTACHED	
<input type="checkbox"/> SUBJECT REFERRED FOR FELONY CHARGING	
DATE SENT:	BY:

<input type="checkbox"/> PROSECUTOR FOLLOW-UP RESPONSE (ATTACH PROSECUTOR REQUEST FORM)		
<input type="checkbox"/> INVESTIGATIONS	OFFICER ASSIGNED	DUE DATE

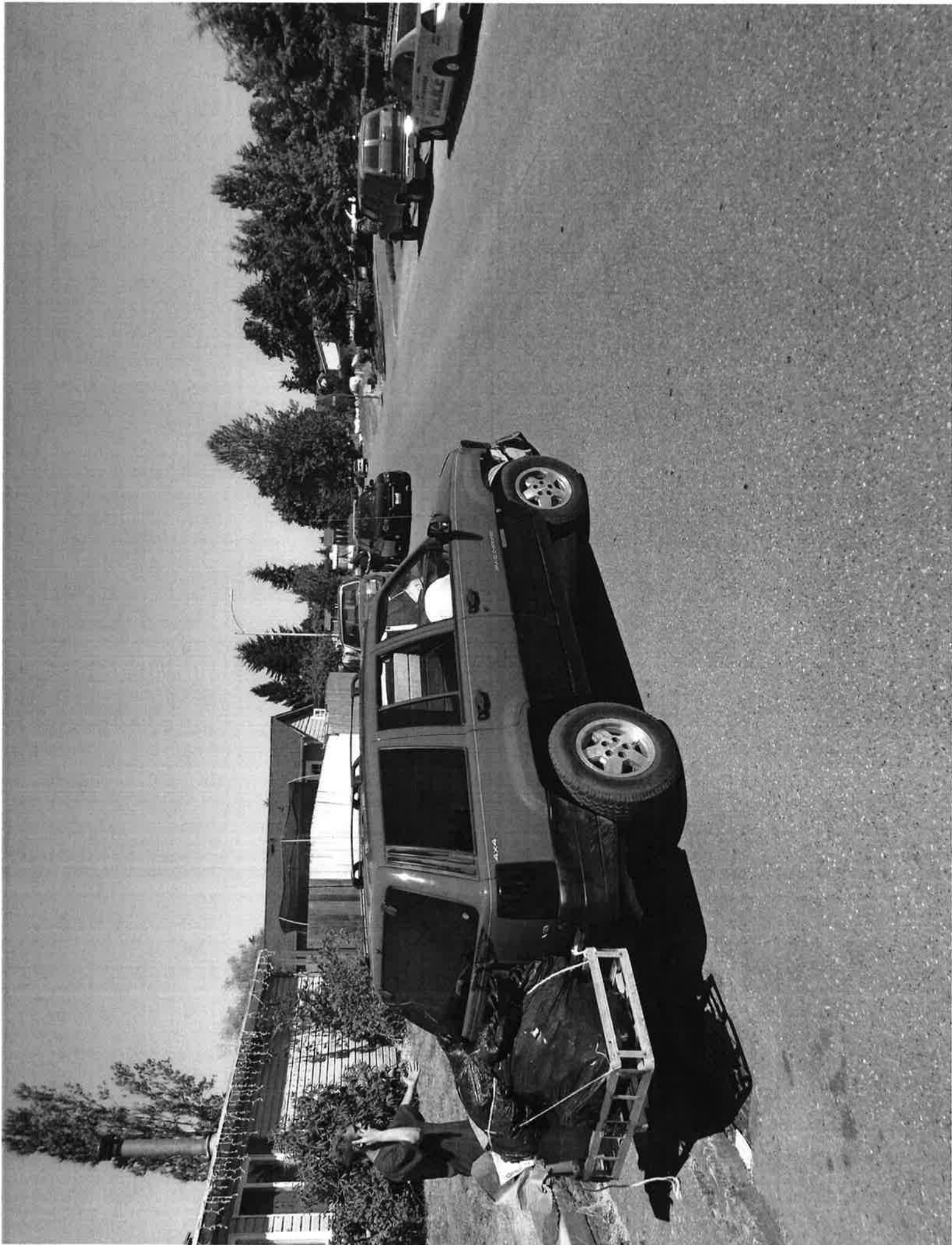
CASE CLOSED

<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARREST MADE SENT TO COURT
<input type="checkbox"/> LACK OF INVESTIGATIVE LEADS	<input type="checkbox"/> VICTIM REQUEST

OFFICER / INVESTIGATOR [Signature]	DATE SIGNED 7/21/15
SERGEANT APPROVAL [Signature]	DATE SIGNED 7/22/15

RECORDS DATA ENTRY	ADDITIONAL	PERSONS <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	ARRESTS <input type="checkbox"/>
RECORDS:				DATE:

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

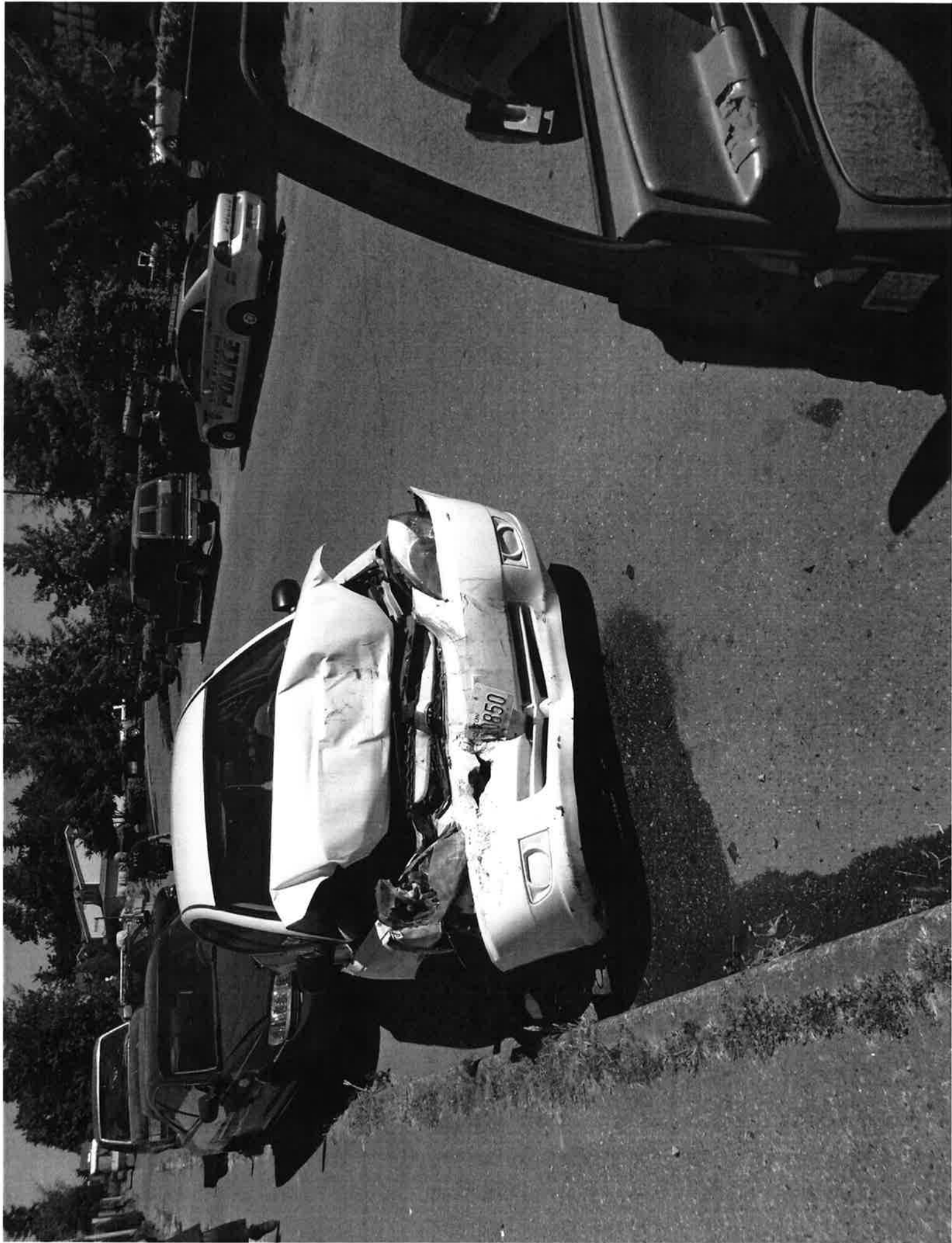






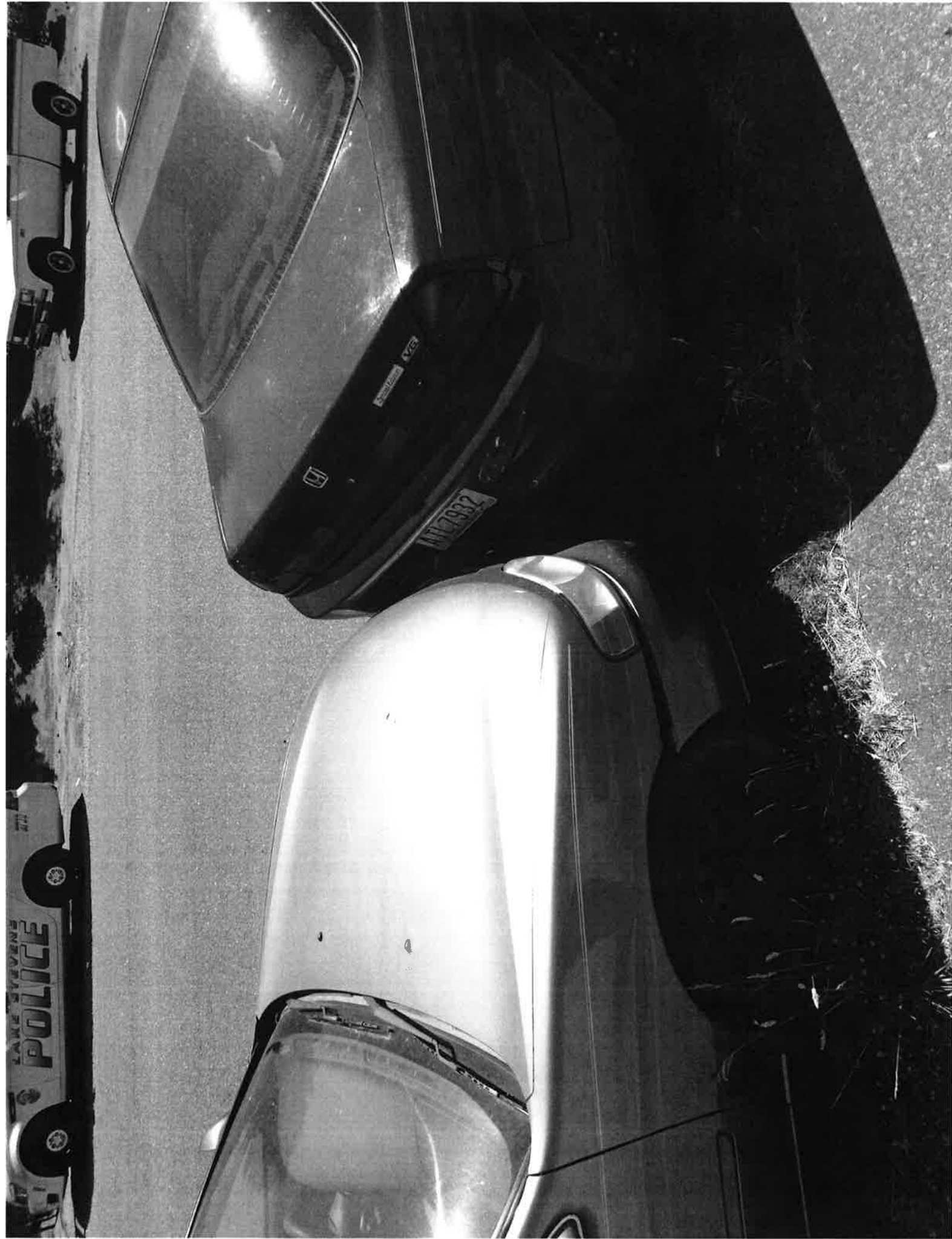






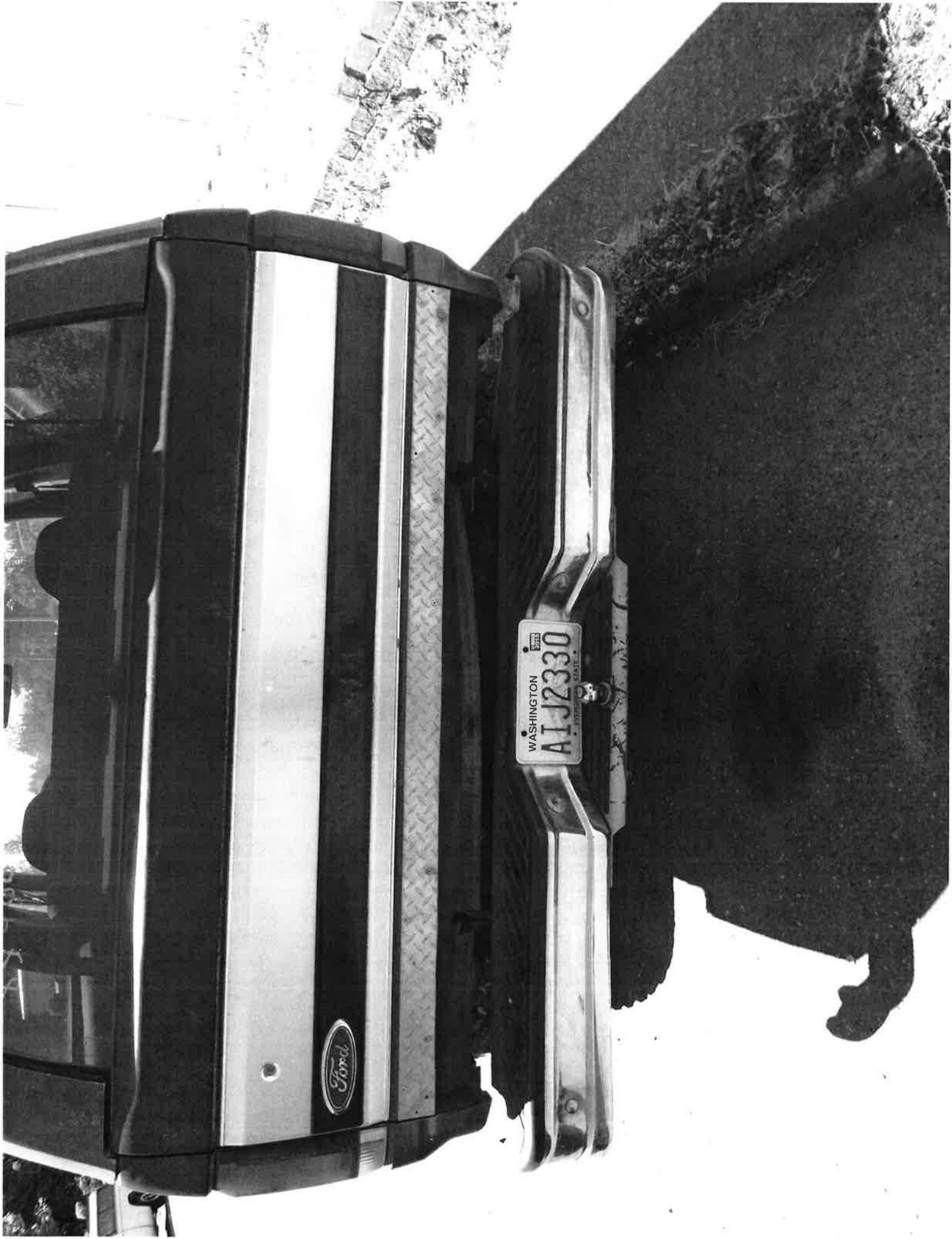


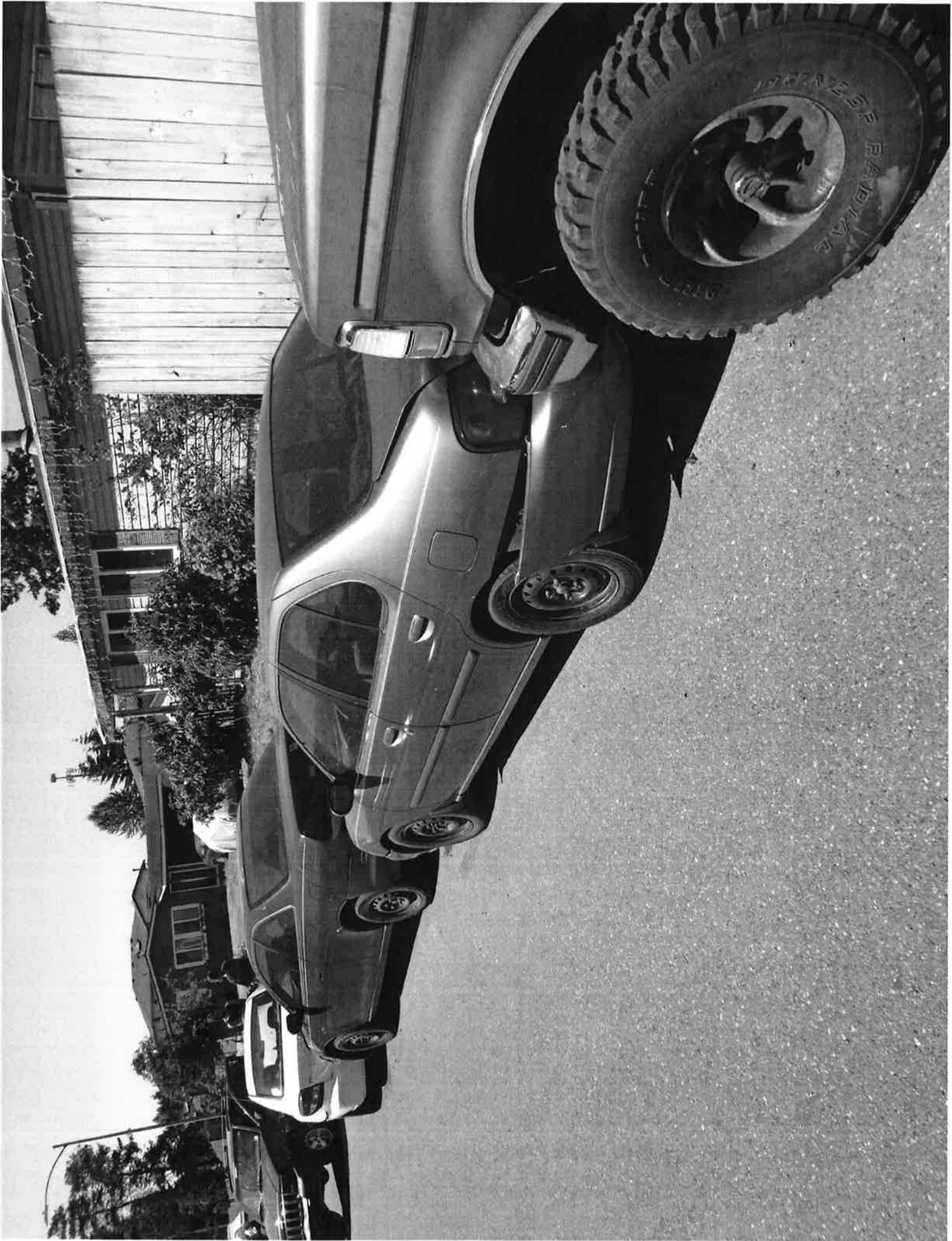
























LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>C. W. KELLS / 131</i>				Case Number <i>15-1811</i>			
Type of Crime: Felony / Misdemeanor (Circle)				Type of Case: <i>COLLISION</i>				Date/Time: <i>7/19/15</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING				*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification							

Case # 15-1811

Item # <i>13K</i>	Item <i>CD w/ Photos</i>				Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)									
	Serial #		Where Found		Weight of Narcotic					
Action # <i>3</i>										
	Owner's Name Address City State Zip Phone #								Barcode goes here	
	Owner Signature/Other remarks /additional information/ special instructions									
Item #	Item				Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)									
	Serial #		Where Found		Weight of Narcotic					
Action #										
	Owner's Name Address City State Zip Phone #								Barcode goes here	
	Owner Signature/Other remarks /additional information/ special instructions									
Item #	Item				Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)									
	Serial #		Where Found		Weight of Narcotic					
Action #										
	Owner's Name Address City State Zip Phone #								Barcode goes here	
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	Serial #		Where Found		Weight of Narcotic					
Action #										
	Owner's Name Address City State Zip Phone #								Barcode goes here	
	Owner Signature/Other remarks /additional information/ special instructions									

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File